

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/585328		FILING DATE	
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	1						51		
2			1				52		
3							53		
4							54		
5							55		
6							56		
7							57		
8							58		
9			1				59		
10							60		
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46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.		↓	3	↓		↓	TOTAL IND.	↓	↓
TOTAL DEP.		←	8	←		←	TOTAL DEP.	←	←
TOTAL CLAIMS			11				TOTAL CLAIMS		

PTO - 1360 (REV. 11/04)

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